

## Survey Tool for FaDSS Partners

FaDSS grantee: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(List partner relationship, e.g., PROMISE JOBS, DHS, etc.)

1. What are the purposes of the FaDSS program operated by this grantee, as you see them?
  
  
  
  
  
  
  
  
  
  
2. What do you consider to be the strengths of this grantee's program?
  
  
  
  
  
  
  
  
  
  
3. What would you like to see changed? What could be done differently?
  
  
  
  
  
  
  
  
  
  
4. How are you kept informed of FaDSS activities and the program of families that are jointly served by FaDSS and your program?
  
  
  
  
  
  
  
  
  
  
5. Any other comments?

Thank You!